

PHYSICIAN'S LETTER REGARDING
INDEPENDENT LIVING

Court Administrator
Probate Division

Re: The Conservatorship of _____
Court File No: _____

Dear Sir or Madam:

I, _____, the undersigned physician, state that I am the
attending physician of the above-named conservatee; that I have been the protected person's
physician since _____, and that I examined the above-named protected person on
_____.

I believe that _____ is no longer able to live independently due to
her/his diagnosis of _____

and as evidenced by the following behavior:

Dated: _____

Signature of Attending Physician

Address: _____

Telephone No: _____